



Client No. 2036	Client Name OH MATERIALS	Location 1004 OSWEGO ST. UTICA NY	Date 7/22/83
Facility Equipment	Detex Clock Weapon No.	Holster Nightsick	Raincoat Flashlight
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer - Day Shift (Name) GEORGE, JOHN S	Officer - Swing Shift (Name) Kenneth Kelly
Shift Began 0800 AM-PM Ended 1600 AM-PM		Shift Began 1600 AM-PM Ended 2400 AM-PM	Officer - Grave Shift (Name) Dick Hokuski
Shift Began 12M AM-PM Ended 8A AM-PM			
Observations or actions taken	Yes	No	Explanation
Rounds or stations missed		<input checked="" type="checkbox"/>	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>	turn light on 2030
Injury hazards		<input checked="" type="checkbox"/>	
Visitors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trespassing		<input checked="" type="checkbox"/>	
Violation of company rules		<input checked="" type="checkbox"/>	

Remarks

MR RAYMOND FROM OBSERVER DISPATCH ALLOWED ENTRY PER ORDER OF MR HARMON 1440.
MR RAYMOND OFF SITE 1515. 1730-1800 - OHM & EPA people left. (Harmen left 1820)

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Swing Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Grave Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No
Signatures	Day Shift John S. George			Swing Shift Kenneth Kelly			Grave Shift Dick Hokuski			
Signatures	2			2			2			
Signatures	3			3			3			

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